

The relationship between job stressors and burnout symptoms among outdoor therapists: the role of work-related sense of coherence

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Summary

A relatively new field within mental health uses the outdoors as a treatment room. Research on this often focuses on outcomes for patients. Research on the therapists themselves is scarce. Therefore, this study attempted to investigate the association between burnout symptoms and five job stressors (low autonomy, high task demands/work pressure, emotional strain, cognitive strain and low development opportunities/varied work). Furthermore, it explored the role of work-related sense of coherence, which is an indication of the health promoting quality of someone's workplace, in the associations.

A cross-sectional research design was used for this purpose. An online survey which consisted of various existing scales was completed by 63 outside therapists. Univariate regression analyses were then conducted to look at the associations between the different variables.

Taking into account the limitations, this study demonstrated that the participants showed low mean scores for burnout symptoms and that they experienced cognitive strain and emotional strain as job stressors. Furthermore, they experienced their work environment as health enhancing, reflected by the high average score on work-SoC. The positive associations between burnout symptoms and job stressors were statistically significant for all but low autonomy. Work-SoC appeared to only show a moderating role on the association between burnout symptoms and low development opportunities/varied work for outdoor therapists who experienced low work-SoC. Whether work-SoC exerts its effect on the relationship between job stressors and burnout, or even earlier, on the individual job stressors and burnout symptoms remains unknown.

Introduction

In the Netherlands, burnout is the leading cause of high sick leave and replacement costs, costing approximately 3.1 billion euros annually (1). Burnout can be defined as “a work-related state of exhaustion that occurs among employees, which is characterized by extreme tiredness, reduced ability to regulate cognitive and emotional processes, and mental distancing. These four core dimensions are accompanied by a depressed mood as well as by non-specific psychological and psychosomatic distress symptoms” (2, p.28). Among Dutch mental health care professionals, burnout complaints are a rising concern (3-4). Burnout symptoms are, among other things, an outcome of stress reactions caused by experiencing high job stressors and not being able to deal (cope) with stressors effectively (5-7). Burnout adversely affects mental health care professionals' own health and wellbeing as well as the quality of care they provide (8-9). For example, burnout complaints have been linked to a higher occurrence of depression, anxiety, sleep problems, impaired memory, neck and back pain, alcohol consumption and lower job satisfaction (8). Regarding quality of care, literature mentions a diminished patient-therapist relationship, as well as lower patient satisfaction, longer patient recovery times and poorer outcomes for clients with serious mental illnesses (8,10). Lastly, on the organisational level, high sick-leave and replacement costs are concerns (8-9). Therefore it is of utmost importance to understand how to prevent burnout among mental health care professionals, which is currently an under-investigated research topic.

A relatively new field within mental health care is nature-assisted therapy (NAT), which combines both general psychological support with outdoor elements (11). Mental health care professionals working in this niche area (will be called outdoor therapists from here on) practice (a part of) their work outdoors. In this thesis outdoor is defined as: wilder or deserted areas, such as forests, moors and beaches, but also maintained areas and places designated as 'green' by the government and municipalities, such as meadows, (back) gardens, parks and other open spaces (11-12). Research shows that being in nature has health promoting qualities (11). For example, nature leads to immediate recovery from acute or chronic stress, thereby improving physical and mental well-being (11). Until now, research into NAT shows positive effects on burnout related symptoms, physical and mental stress, concentration, attention and social functioning (13-14). All of these studies have focused on what happens with the client and outcomes on the client level. However, no studies have focused on the relation between job stressors of outdoor therapists and the level of burnout symptoms among this niche group of mental health care professionals.

Theoretical framework: Salutogenesis

In this study, a salutogenic approach will be applied to understand how outdoor therapists can effectively deal with stressors in a way that protects against burnout complaints. The concept of salutogenesis was introduced by Antonovsky in 1987 (15). Instead of focussing on factors that cause illness (pathogenic approach) it focuses on factors that contribute to wellbeing (15-16). The pathogenic approach has often been used to explain the development of burnout and tries to eliminate causes and risk factors of this (15-16). However, since the beginning of this century, an increasing amount of research puts emphasis on internal and external factors of people and their physical and social (work) environment that enable them to effectively deal (cope) with stressors, thereby facilitating the development of health and wellbeing and preventing disease (16). The salutogenic approach has also been applied to work-life context, showing that work can both be health-impairing as well as health promoting (7,15).

The ability to cope well with job stressors is reflected by work-related sense of coherence (work-SoC) (15,17). This concept is derived from general sense of coherence (SoC), which is a key concept of salutogenesis, and which involves a person feeling that there is a coherence in themselves and in life (15). Work-SoC is defined as “the perceived comprehensibility, manageability, and meaningfulness of an individual's current work situation” (17, p.3). Work-SoC has shown more predictive power in work related outcomes than the general SoC (18). Measuring work-SoC gives an indication of the health promoting quality of someone's job (17). The stronger a person's work-SoC, the better a worker is able to deploy effective coping mechanisms when dealing with stressors at work, leading to both a protective shield from the negative health consequences of job stressors as well as enhancing positive health outcomes (19). For example, Gilbar's study (20) among health social workers showed that a strong SoC results in lower burnout experiences because one is better able to recognize the nature of the job stressor and to engage the appropriate means for the given situation (20). The study of Levert, Lucas and Ortlepp (21) showed that a higher SoC among South African psychiatric nurses was protecting them against two components of burnout, namely emotional exhaustion and depersonalisation (21). The study of Van der Colff and Rothmann (22) confirms the protecting role of a strong work-SoC against burnout caused by job stressors (22). Research shows that work-SoC moderates the impact of job stressors on negative health outcomes by influencing perceptions of, appreciation for and dealing with stressors (15,21). In order to prevent burnout, this study uses work-SoC to explore whether it acts as a buffer against burnout symptoms caused by job stressors, which is little understood among outdoor psychologists.

Earlier qualitative studies have shown that outdoor therapists experience a calming effect from being outside, and are therefore better able to think clearly (11-12). Additionally, they are better able to define their aspired practice, as they do not have any protocols they have to adhere to because most of them work as a self-employed person (11-12). According to outdoor therapists, working outdoors supports them in carrying out their work, including the associated job stressors of mental health care professionals in general, which are: a high requirement for empathy (emotional and cognitive strain), high task demands and work pressure, lack of autonomy and low development opportunities and varied work, due to an ever-increasing call for mental care (8-9, 11-12, 23-24). Emotional strain describes how emotionally exhausting the job is and cognitive strain measures the burden the work places on the worker mentally (25,26). Furthermore, task demands and work pressure are about how hard someone has to work to get tasks done (25). Autonomy refers to the extent to which employees are able to regulate their own work, which concerns both the freedom of choice with regard to the way the individual works, as well as the planning and sequence of work (25). Lastly, development opportunities and varied work concern whether the work is varied, requires creativity and learning new things (27).

Problem statement and research aim

As research into the work experiences of outdoor therapists is relatively new, of first interest is exploring whether and which job stressors are related to burnout symptoms (depicted by line H1 in Figure 1). Subsequently, it will be examined whether experiencing a high or low work-SoC changes these associations (i.e., acts as a moderator) (depicted by line H2 in Figure 1). If we can understand what NAT brings to the mental health of outdoor therapists, it may contribute to the further embedding of outdoor therapy in mainstream mental health care in the Netherlands. Therefore the aim of this research is to explore the (possible moderating) role of work-SoC in the relationship between job stressors and burnout symptoms. The following research question has been formulated: What is the association between job stressors, burnout symptoms and work-SoC among outdoor therapists working in the Netherlands? To answer the research question, the following hypotheses are formulated:

H1: Job stressors of outdoor therapists working in the Netherlands are positively associated with burnout symptoms.

H2: Work-SoC moderates the association between job stressors and burnout symptoms among outdoor therapists working in the Netherlands.

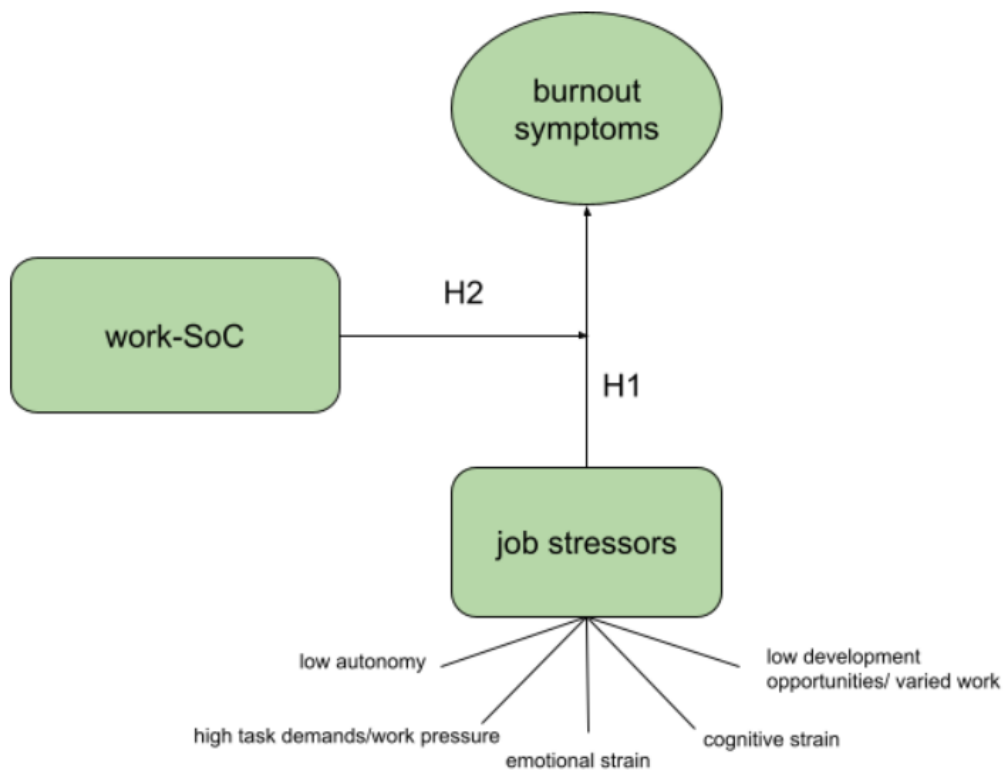


Figure 1. Schematic representation of the expected relationships between the concepts to be measured: burnout symptoms, job stressors and work-SoC.

Methods

Study design & recruitment of participants

A cross-sectional study was used among outdoor therapists working in the Netherlands to get a snapshot of this groups' work experience (28). Outdoor therapists were invited to fill out an online anonymous questionnaire, compiled from existing validated scales measuring the outcome variable burnout symptoms, various job stressors and work-SoC.

Respondents were recruited through convenience sampling and snowball sampling meaning that a conveniently reachable group was used and that respondents were referred to recruit other respondents needed for the study (29-30). Information about the study, an invitation to participate and a link to the questionnaire were placed on the online platforms *LinkedIn*, *Twitter* and *Facebook*. Additionally, organizations and foundations that have interest or work with outdoor therapists were actively contacted online and asked to share the post on their social media platforms. Of these organizations, 'de Buitenpsychologen', 'Nature for Health Foundation' and Health and Society (HSO) group of Wageningen University & Research (WUR) shared the post. The post was public so people could tag others and (re)share the post within their networks. The questionnaire could be completed between April 21st and May 9th of 2021. Within this period recruitment took place.

By adding up the followers of the above-mentioned social media accounts, it came up with a rough estimate of over 5,000 people reached by the post. How large the portion of outdoor therapists was, could not be determined. To calculate the minimum number of participants needed for this study, a rule of thumb calculation was conducted. This meant that at least 10 participants per parameter had to be recruited, which concluded that a minimum of 70 respondents were needed (31). However, for this study, 63 outdoor therapists were recruited, figure 2 shows how this number was obtained.

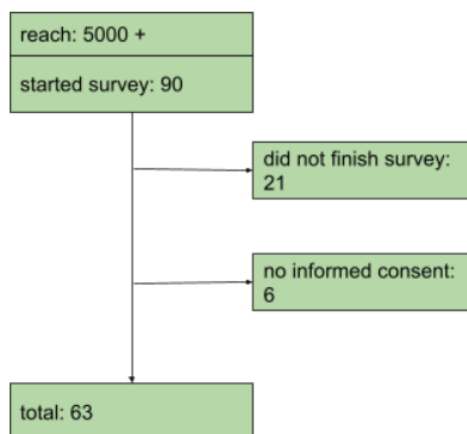


Figure 2. Flowchart of study population

Participants

To be included in the study, mental health care professionals needed to conduct (a part of) their practice outside. They could carry out various forms of therapy and coaching ranging from walk and talk therapy to forest bathing and garden therapy, as long as their work environment was (partially) outside. Men and women were both included. Outdoor therapists could be working fulltime or part time. Furthermore, they could have their own practice, work for an employer, an institute or a combination. Lastly, outdoor therapists had to provide their informed consent before taking the survey.

Ethical considerations

The participants were informed about the purpose of the study, the fact that they could stop at any time and that the data would be processed anonymously. They could also contact me via email with questions. Furthermore, it could have occurred that filling in the questions about burnout symptoms could evoke negative feelings; in order not to exert pressure on these persons it was indicated that they could stop at any time.

Data collection and instruments

Qualtrics was used to form a questionnaire to collect data (the questionnaire (in Dutch) is added to this thesis as appendix). This survey measured demographic characteristics and a description of the current working situation, the outcome variable burnout symptoms, five job stressors and work-SoC. The items regarding burnout symptoms, job stressors and work-SoC required a forced response to continue the questionnaire, so that the most complete possible data collection on the main questions could be guaranteed. The questionnaire stated that respondents should fill questions regarding burnout symptoms, job stressors and work-SoC in, with their work as outdoor therapists in mind. Before sending out the questionnaire, it was pilot tested by acquaintances of mine to test how long it took to fill it out, which took approximately 10 minutes.

Demographic characteristics and description of current work situation

Participants were asked to provide information about their age, sex, and educational level. Additionally, various descriptions of their current work practice were asked for, for example: job title, work experience, work location (urban/suburban/rural) and current work situation (part time or fulltime).

Outcome measure: burnout symptoms

Burnout symptoms were assessed using the formally validated burnout assessment tool

(BAT) (2). The tool was developed by Schaufeli, De Witte and Desart as a replacement of the Utrecht Burnout scale (UBOS) (2). The latter is a Dutch version of the Maslach Burnout Inventory (MBI) (32). The full version of BAT contains 23 items. However, for this research the shortened version, work-related BAT-12, was used, as a shorter questionnaire is less of a burden for participants to fill out. Psychometrically speaking, the shortened version can be used just as well as the original longer version according to the developers (2). BAT-12 measures four dimensions of burnout: exhaustion, mental distancing, cognitive impairment, and emotional impairment, each consisting of three items. A rule of thumb is that a scale is usually regarded as 'good' with a Cronbach's alpha of at least 0.80. If the alpha is between 0.60 and 0.80, reliability is "fair," and if the alpha is below 0.60, the scale cannot be classified as "good" (25,27). The internal consistency of BAT-12 was good both in the analysis by the developers ($\alpha > 0.85$) as well as in this study ($\alpha > 0.80$) (2). The items were answered using a five-point frequency scale (1 'never', 2 'rarely', 3 'sometimes', 4 'often' and 5 'always'). The average score on the 12 items is used as the total burnout symptoms score and included in the analysis as a continuous variable.

Independent variables: job stressors

No valid questionnaire to measure specific job stressors of outdoor therapists existed. Therefore, the choice was made not to make one, but to use an existing frequently used questionnaire that measured general job stressors: low autonomy, high task demands/work pressure, emotional strain, cognitive strain and low development opportunities/varied work. It was thought that this would provide more useful and reliable results, which are of value for the exploratory nature of this study.

Job stressors were assessed using the Dutch survey 'Netherlands working conditions survey' (in Dutch: Nationale enquête arbeidsomstandigheden' (NEA)) which is developed by TNO and CBS (25). NEA is one of the largest periodic surveys of the working situation of employees in the Netherlands seen through the eyes of employees. It has been conducted annually for the past fifteen years (25). Some of the questions in NEA are taken from existing validated scales, other questions are compiled by CBS and TNO. For this study, the 2019 and 2016 versions were used. From NEA 2019, items measuring *autonomy* (six items), *task demands/work pressure* (3 items), *emotional strain* (3 items) and *cognitive load* (3 items), were used (25). From NEA 2016, three items measuring *development opportunities/varied work* were used (37). The scales' internal consistencies were calculated by the developers of NEA. Autonomy and development opportunities/varied work were acceptable, and the rest of the scales were good (table 1). The same was done for this study, however only autonomy and task demands/work pressure had good internal

consistency, the rest were reasonable (table 1).

Table 1. Internal consistency scores (Cronbach's alpha) of scales measuring job stressors

	NEA	current study
autonomy	0.78	0.82
task demands/work pressure	0.86	0.86
emotional strain	0.84	0.65
cognitive strain	0.80	0.76
development opportunities/varied work	0.76	0.65

Autonomy was answered using a three-point frequency scale (1 “yes, regularly”, 2 “yes, sometimes”, 3 “no”). The other job stressors were measured on a four-point frequency scale (1 “never”, 2 “sometimes”, 3 “often”, 4 “always”) (25,27). Low development opportunities/varied work was reverse coded in the questionnaire. For the analysis the variable was recoded so that a high score meant low development opportunities/varied work. For every job stressor, the mean score of the related items were obtained and used for the analysis as a continuous variable.

Covariate: work-SoC

Effect modifiers show different associations with the outcome measures for different groups. In this study work-SoC will be included as an effect modifier (33). The interest lies with whether the association between job stressors and burnout symptoms is different for outdoor therapists who experience high or low work-SoC.

Work-SoC was assessed using the Work-related Sense of Coherence Scale (17). Vogt and colleagues developed this scale based on Antonovsky's concept of SoC (1987) (15). The construct validity was good and the scale could be used for different professions (17). The internal consistency of the scale was good ($\alpha > 0.8$) (17), within this research the internal consistency was also good ($\alpha > 0.86$). The scale consists of nine items, which measure *comprehensibility* (items 1, 3, 6 and 9), *manageability* (items 4 and 7) and *meaningfulness* (items 2, 5 and 8) at work (21). Items 1,3,4,6,7 and 9 were reverse coded, for the analysis, they were recoded so that they corresponded to the rest.

No official Dutch translation existed of the original work-SoC scale. A Dutch translation was made with care by me. For all nine items, there are seven response possibilities each. The response possibilities differ per item. For example respondents could choose from a seven-point scale to indicate whether they find their current job and work situation 'manageable' or 'unmanageable', or 'meaningless' or 'meaningful'. The average score of the sum of the separate items, was the mean total score of work-SoC. It was included in the data analysis as a continuous variable.

Data analysis

A dataset was created using Statistical Package for the Social Sciences (SPSS) 27.0. The dataset was checked for missing values and outliers, which were treated as missing values. Subsequently, descriptive statistics were used to explore the data. Frequencies, percentages, means, standard deviations and distribution of the variables were obtained. The outcome measure burnout symptoms and the job stressor low autonomy, showed a skewed to right distribution. Therefore the median and 25th and 75th percentile points were also obtained. A log transformation was applied to these data. However, this did not change the data to a normal distribution. Therefore it was decided to continue data analysis without log transformation.

Pearson correlations and univariate linear regressions were conducted to test hypothesis 1 and 2. Pearson correlation coefficient was used to determine if any of the variables significantly ($p < .1$) correlated with burnout symptoms. A p-value below .1 was chosen for the entire data-analysis of this study, as the research group was small (34). Subsequently, the five job stressors were entered in separate association models as independent variables, with burnout symptoms as the dependent variable (hypothesis 1). Because the sample size of this study was insufficient, the power was also insufficient. Therefore, I chose to use a 90% confidence interval. After this, the moderating effects of work-SoC were explored by creating interaction terms, and entered in the second step of the regression analysis using the enter method in SPSS (hypothesis 2). After adding the interaction terms, VIF scores above 5 within the separate models indicated multicollinearity (35). The data were therefore mean centred, after which multicollinearity disappeared. Finally, the median (5.6) of work-SoC was used as a cut-off value to distinguish between high and low scores on work-SoC. For the association models where work-SoC significantly ($p < .1$) moderated the model, the division into the two groups was applied to see whether the relationship between burnout symptoms and the job stressor changed.

Results

Study population

The demographic and job characteristics are depicted in table 2. The majority of the outdoor therapists were female (N=58). The mean age was 47.8 (sd 9.5). Most of the outdoor therapists finished HBO and WO education. Approximately 1/3th were outdoor psychologists, the rest had titles like walking coach, nature coach and forest therapist. On average the outdoor therapists worked for 8.5 years (sd 7.8) as therapists, of which on average, they used nature within their practice for 4.6 years (sd 4.0). About half of the outdoor therapists worked part time (36hours/week<) as a self-employed person or in combination as an employee. The outdoor therapists worked all over the Netherlands, however most of them in Gelderland (N=18) and Noord-Brabant (N=10). In addition, a majority (39.7%) has their practice established in rural areas.

Table 2. Descriptive statistics of demographic and job characteristics and mean total scores for burnout symptoms, job stressors and work-SoC.

		mean	SD	%	median	25th - 75th percentile
Sex N=63	female			92.1		
	male			7.9		
Age N=62		47.8	9.5			
Highest level of education completed N=63	high school			1.6		
	MBO			1.6		
	HBO			44.4		
	WO			52.4		
Job title N=61	GZ-/basic psychologist			27.9		
	other			72.1		
Years working as therapist (outdoors & indoors) N=60					6	3.8 - 12.8
Years working with nature within therapy N=62					3.3	2.8 - 6.0
Working hours per week as outdoor therapist N=63	0 - 8			44.4		
	9 - 16			27		
	17- 24			14.3		
	25 - 32			9.5		
	33 - 40			3.2		

	41+			1.6		
Work situation N=63	self-employed			47.6		
	combi self-employed & employee			42.9		
	employee			4.8		
	other			4.8		
Area where practice is located N=63	urban			27		
	suburban			33.3		
	rural			39.7		
Burnout symptoms N=63				1.4		1.1 - 1.8
Low autonomy N=63				1.0		1.0 - 1.0
High task demands/work pressure N=63		1.7	0.6			
High emotional strain N=63		2.1	0.5			
High cognitive strain N=63		2.8	0.6			
Low development opportunities/ varied work N=63		1.7	0.5			
Work_SOC N=63		5.4	0.9			

SD Standard deviation

Mean scores for burnout symptoms, job stressors and work-SoC

A first step was to explore the mean total scores of burnout symptoms, job stressors and work-SoC, they are depicted in table 2. According to table 2, burnout symptoms were rare among the group of 63 outdoor therapists. They did not experience all measured job stressors as actually stress-inducing. For example, they experienced a high degree of autonomy, little task demands/work pressure and they often experienced development opportunities/varied work. However, they sometimes experienced emotional strain and the outdoor therapists often experienced cognitive strain and thus those two are stress inducing job stressors for this group. On average, outdoor therapists experienced a high work-SOC.

Correlations between burnout symptoms, job stressors and work-SoC

Correlations between burnout symptoms, job stressors and work-SoC are depicted in table 3. All job stressors showed a positive correlation with burnout symptoms. However, only low development opportunities/varied work showed a statistically significant positive correlation

with burnout ($r=0.3$, $p=0.022$). Furthermore, work-SoC showed a negative correlation with burnout symptoms, which was also statistically significant ($r=-0.2$, $p=0.076$).

Table 3. Pearson correlation coefficients for the relationship between burnout symptoms, job stressors and work-SoC, N=63

	1.	2.	3.	4.	5.	6.
1. burnout symptoms						
2. low autonomy	.1					
3. high task demands/ work pressure	.2	.2				
4. high emotional strain	.1	.2	.4*			
5. high cognitive strain	.1	<-.1	.2	.6*		
6. low development opportunities/ varied work	.3*	.3*	<-.1	<.1	<.1	
7. work-SoC	-.2*	-.3*	-.4*	-.2	-.1	<-.1

* p-value <0.1

Independent associations between burnout symptoms and job stressors
 Five univariate regression analyses were done to check whether and which job stressors showed a statistically significant association with burnout symptoms. The results are depicted in table 4. All job stressors, except for low autonomy showed a statistically significant association with burnout symptoms.

Table 4. Univariate associations between burnout symptoms and job stressors, the role of work-SoC on the associations, N=63

	Univariate			Interaction work-SoC			Moderation work-SoC					
							Low work-SoC			high work-SoC		
	β	90% CI	p	β	90% CI	p	β	90% CI	p	β	90% CI	p
low autonomy	.4	<-.1 - .7	.142									

high task demands/ work pressure	.2	.1 - .4	.011*	<.1	-.1 - .1	.741						
high emotional strain	.2	.1 - .4	.021*	<-.1	-.1 - .1	.726						
high cognitive strain	.2	<.1 - .3	.039*	<.1	-.1 - .1	.893						
low development opportunities/ varied work	.2	.1 - .4	.027*	-.3	-.5 - -.1	.012*	0.3	.1 - -.5	.016*	<.1	-.2 - .2	0.897

β beta coefficient; *CI* confidence interval

* p-value <0.1

The role of work-SoC

The final aim of this study was to determine the role of work-SoC on the relation between burnout symptoms and job stressors (see table 4). After entering the interaction terms of work-SoC and the independent job stressors within the univariate models of job stressors that showed a statistically significant association with burnout symptoms, only for burnout symptoms as a result of low development opportunities/varied work, work-SoC showed a moderating effect (β :-0.3, 90%CI: -0.5 - -0.1, p:0.012). When work-SoC was divided into two groups, it was found that in people with low work-SoC, burnout symptoms due to low development opportunities/varied work, increased statistically significantly (β :0.3, 90%CI: 0.1 - -0.5, p:0.016). However, for people with a high work-SoC, there also appeared to be a positive association between burnout symptoms and low job development opportunities, though not statistically significant (β :0.02, 90%CI: -0.2 - 0.2, p:0.879).

Discussion

Summary of main findings

The aim of this research was to explore the role of work-SoC on the relation between job stressors (low autonomy, high task demands/work pressure, emotional strain, cognitive strain and low development opportunities/varied work) and burnout symptoms among outdoor therapists working in the Netherlands, using a cross-sectional research design. The research group of 63 outdoor therapists, experienced little burnout symptoms. They experienced high emotional and cognitive strain as job stressors, and they scored high on work-SoC, which is an indication of a health promoting work environment (7). All job stressors, except for low autonomy, showed a statistically significant positive association with burnout symptoms. Work-SoC only showed a moderating effect on burnout symptoms for outdoor therapists who experienced low development opportunities/varied work. Strikingly, while looking at the moderating effect on the association between burnout symptoms and low development opportunities/varied work, this only showed a statistically significant effect for participants who scored low on work-SoC. Outdoor therapists experiencing high work-SoC showed a positive association between burnout symptoms and low job development opportunities/varied work, however minimally and not statistically significant. Thus, these results partially correspond with the hypothesized expectation that work-SoC plays a moderating role in the relationship between burnout and job stressors (see figure 3).

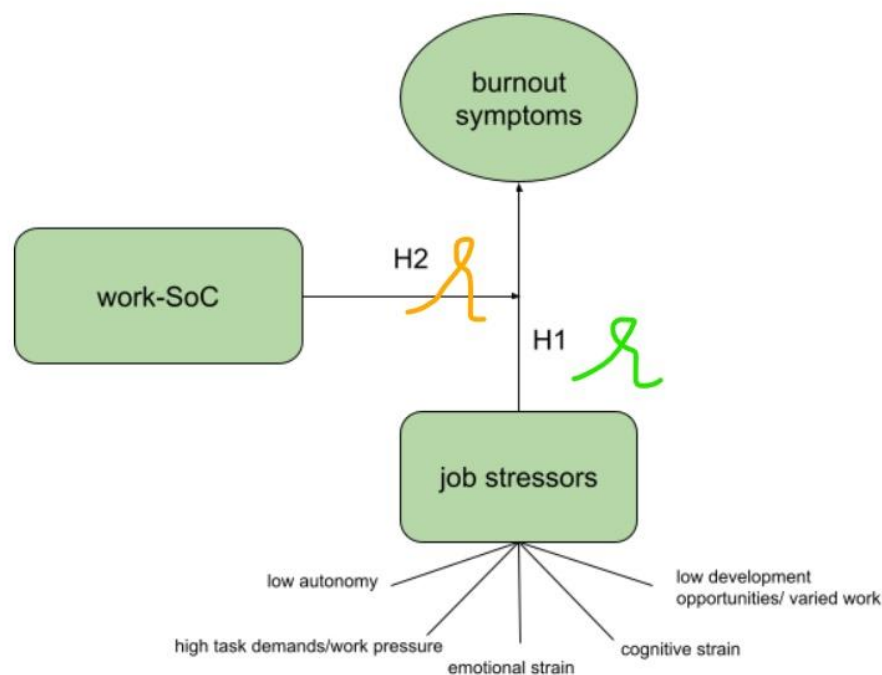


Figure 3. Schematic representation of the relationship between the variables which were measured: burnout symptoms, job stressors and work-SoC.

Methodological considerations

The cross-sectional study design should be taken into account when interpreting the results. Therefore, nothing can be said about causal relationships. When the results are interpreted it is also important to assume that the research group does not represent the entire group of outdoor therapists in the Netherlands. A complete picture of this groups' characteristics, and how large it is, is unclear. From the report of Langers and de Boer it can be deduced that the total number of active self-employed walking coaches and garden therapists consists of 250 to 400 persons (36). However when inspecting social media accounts of groups related to outdoor therapists, it can be seen that they consist of over a 1000 followers or members.

This study has a number of strengths. First, this was the first research that looked into the relationship between burnout symptoms, job stressors and the role of work-SoC among outdoor therapists worldwide. Another strength is the use of the salutogenic approach. Research points out that focusing on improving health promoting factors, instead of diminishing health impairing factors, seems to ensure better work- and health related outcomes (7).

However, this study has some limitations. The biggest limitation is the small sample size. This leads to a number of consequences. First of all, a small sample size can lead to skewed outcome measures, which is the case for burnout symptoms within this study (37). Secondly, the results of the statistical models would have been more reliable if a larger confidence interval had been used. But this could not be done because of the insufficient sample, which led to insufficient power, therefore a 90% confidence interval was used. Thirdly, correction for confounding has not taken place, because adding more variables to the analysis would have required a bigger sample size. When this would have been done, different results could have come out. For example, the fact that outdoor therapists experience a high sense of autonomy, which is found in more literature (12), is linked with the fact that they work as a self employed person most of the time. Therefore, the work situation could be a confounder, and explain (a part of) the low experiences of burnout symptoms. Additionally, age could also be a confounder. The mean age of the research group is 47.8 (sd 9.5). The mean age for people who develop a burnout is a lot lower, namely between 18 and 35 years old (38). Thus, the relatively older age of the outdoor therapists, could also explain (a part of) experiencing little burnout symptoms.

At last, a validated questionnaire to measure the specific job stressors of outdoor therapists does not exist. Cooley and colleagues (11) identified stressors outdoor therapists face: the physical nature of the outdoors (for example weather changes and access of green spaces),

the unpredictability and distractions which can interfere with therapeutic work, and the difficulty of confidentiality as they could be walking into someone they know. Also, the many walks outdoors are experienced by some outdoor psychologists as a job stressor (12). With the measured general job stressors, an attempt has been made to get as close as possible to the specific job stressors, but this will not be a complete match. In order to ensure the reliability of the results, to facilitate comparison with other research, and due to the exploratory nature of this study, the choice was made to use validated questionnaires to measure job stressors.

Interpretation of results

Contrary to my expectations based on earlier research (22), a low rather than a high degree of work-SoC shows a moderating effect in this study. A low work-SoC is associated with more burnout symptoms when outdoor therapists experience low development opportunities/varied work. A 2019 report of the labor market of the Dutch mental health care shows that especially a lack of autonomy and development opportunities cause dissatisfaction with working conditions and employment terms (39). This study adds that for low development opportunities, this is exacerbated when people show a low work-SoC. A tentative explanation for this could be that people with a low work-SoC are less able to use coping strategies to make their work more varied and to create more development opportunities. An additional explanation could be a suggestion from a study into burnout and work-SoC among psychiatric nurses, which states that those individuals with a low work-SoC are already more prone to getting into more stressful situations, or to actually "creating" stressors to a higher extent (21).

A possible explanation for the fact that this study did not find a high work-SoC to be a significant moderator could be that work-SoC does influence the appraisal of job stressors already at an earlier stage, so that the stressors are perceived as challenges worth facing rather than stress factors (15). Then, a high work-SoC would have a mediating effect instead of a moderating effect. This explanation may have some support from this study's data because this group of outdoor therapists did not experience all stressors as stress inducing. Instead, the mean scores on the job stressors show that participants experience a high sense of autonomy and many development opportunities/varied work, which could be an indication for the fact that they experience them as a job resource (40). Job resources can support workers to deal with job stressors which may lead to burnout symptoms (40). Furthermore, from table 3, it can be inferred that there does exist a negative statistically

significant relationship between burnout symptoms and high work-SoC, this way work-SoC shows a direct link with burnout symptoms.

Suggestions for further research and practice

These study results are a starting point to more research into what NAT can bring to outdoor therapists, besides the good results for clients. First of all, a similar study with a larger sample could increase the value of this study, whether the results are supported or rejected. In addition, it could be interesting to analyse the results for the different concepts of burnout (exhaustion, mental distancing, cognitive impairment, and emotional impairment) and work-SoC (meaningfulness, manageability and comprehensibility) (2,17), as this will generate a more in depth understanding of which components of burnout and work-SoC play a role, and are most worthy to focus on to prevent burnout. Using a salutogenic approach to research positive outcomes such as work-engagement, job satisfaction and/or wellbeing, would also give more insight into what factors contribute to the prevention of burnout. For this indicates what tools outdoor therapists can use to deal with job stressors.

This cross-sectional study can only say something about interrelatedness but nothing about causal effects. Study participants showed high levels of autonomy on average. Earlier research (12) showed that the well-being of outdoor therapists who first worked for institutions rose when they started working as self-employed, because their sense of autonomy increased (12). Only then did they start using nature in their sessions (12). The results regarding autonomy may prompt insurers, the mental health community and other organizations to rethink the protocols mental health care professionals now use. For further research, a longitudinal study would be of interest, as it can give insight into exactly how autonomy plays a role for outdoor therapists. It could be a reason why they experience little burnout, but it could also be a consequence of a high work-SoC. Furthermore, research on the role of outdoors as a workplace is also interesting. A case-control study examining therapists with outdoor and indoor workplaces could give us more insight into the role of nature. Continuing on this, the average score on work-SoC was high, but whether this is related to the fact that outdoor psychologists work outdoors cannot be determined due to the nature and scope of this study. Nevertheless, this point measurement in time gives reason for further investigation.

Conclusion

Taking into account the limitations, this study demonstrated that the group of 63 outdoor therapists showed very low mean scores for burnout symptoms and that they experienced

cognitive strain and emotional strain as job stressors. Furthermore, they experienced their work environment as health enhancing, reflected by the high average score on work-SoC. The positive associations between burnout symptoms and job stressors were statistically significant for all but low autonomy. Work-SoC appeared to only show a moderating role on the association between burnout symptoms and low development opportunities/varied work for outdoor therapists who experienced low work-SoC. Whether work-SoC exerts its effect on the relationship between job stressors and burnout, or even earlier, on the individual job stressors and burnout symptoms remains unknown. Nonetheless, this study has mapped out the job experiences of outdoor therapists and laid a foundation for further research.

Literature

1. TNO [Internet]. Den Haag: TNO; 2020 Nov 16. Verzuimkosten door werkstress lopen op tot 3,1 miljard. Retrieved on 2021 Apr 6. Retrieved from: <https://www.tno.nl/nl/over-tno/nieuws/2020/11/verzuimkosten-door-werkstress-lopen-op-tot-3-1-miljard/>
2. Schaufeli W, De Witte H, Desart, S. De Burnout Assessment Tool (BAT): een nieuw instrument voor het meten van burn-out. *TKP*, 2020;50(4), 267-283.
3. Appelo J. GGZtotaal [Internet]. Amsterdam: GGZtotaal; 2020 Feb 24. Is werken in de ggz nog leuk? Retrieved on 2021 May 28. Retrieved via: <https://www.ggztotal.nl/nw-29166-7-3759633/nieuws/is-werken-in-de-ggz-nog-leuk.html>
4. Van Wijk M. CBS [Internet]. Den Haag: CBS; 2021. Arbeidsmarktprofiel van zorg en welzijn. Retrieved on 2021 May 28. Retrieved from: <https://www.cbs.nl/nl-nl/longread/statistische-trends/2020/arbeidsmarktprofiel-van-zorg-en-welzijn>
5. Bakker, AB, Demerouti, E. The job demands-resources model: State of the art. *J. Manag*, 2007;22(3), 309–328.
6. Alexandrova-Karamanova A, Todorova I, Montgomery A, Panagopoulou E, Costa P, Baban A, Davas A, Milosevic M, Mijakoski D. Burnout and health behaviors in health professionals from seven European countries. *Int Arch Occup Environ Health*, 2016;89(7), 1059–1075.
7. Jenny GJ, Bauer GF, Vinje HF, Vogt K, Torp S. The Application of Salutogenesis to Work. 2016 Sep 3. In: Mittelmark MB, Sagy S, Eriksson M, et al., editors. *The Handbook of Salutogenesis* [Internet]. Cham (CH): Springer; 2017. Chapter 20. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK435821/> doi: 10.1007/978-3-319-04600-6_20
8. Morse G, Salyers MP, Rollins AL, Monroe-DeVita M, Pfahler C. Burnout in Mental Health Services: A Review of the Problem and Its Remediation. *Adm Policy Ment Health*. 2012 Sep;39(5):341-52.
9. Park MS, Goto N, Kennedy A, Raj S, Dutson A, Park L, et al. Positive orientation, job satisfaction and psychological well-being of mental health practitioners in Malaysia. *Psychol Health Med*. 2020 Aug 5:1-11.
10. Salyers MP, Fukui S, Rollins AL, Firmin R, Gearhart T, Noll JP, et al. Burnout and Self-Reported Quality of Care in Community Mental Health. *Adm Policy Ment Health*. 2015 Jan;42(1):61-9.
11. Cooley SJ, Jones CR, Kurtz A, Robertson N. 'Into the Wild': A meta-synthesis of talking therapy in natural outdoor spaces. *Clin Psychol Rev*. 2020 Apr;77:101841.
12. Vashti A, van der Kraan D, Boots L, Ribeiro M, Jager N, Can R, et al. Nature-assisted therapies for adults with mental disorders in the Netherlands: an arising possibility for GGZ psychologists. Wageningen: WUR; 2020. Retrieved on 2021 March 3. Retrieved

via: https://www.wur.nl/upload_mm/0/5/d/8f78cace-4da7-46a9-a952-c922f8b7b379_Studentenrapport.pdf

13. Van den Berg Berg AE. Effectmeting wandelcoaching: Onderzoeksrapport. Leeuwarden: De Friesland Zorgverzekeraar; 2016. Retrieved on 2021 Mar 7. Retrieved via: [Natuur als Therapie \(agnesvandenbergnl\)](http://www.natuuralstherapie.nl)
14. Annerstedt M, Währborg P. Nature-assisted therapy: Systematic review of controlled and observational studies. *Scand J Public Health*. 2011 Jun;39(4):371-88.
15. Antonovsky A. (1987a). Health promoting factors at work: the sense of coherence. In C. L. Cooper, R. Kalimo, & M. El-Batawi (Eds.), *Psychosocial factors at work and their relation to health* Geneva: WHO:153-167.
16. Heim E. Salutogenesis versus pathogenesis--a new approach to an old wisdom. *Schweiz Med Wochenschr*. 1994 Jul 23;124(29):1267-75.
17. Vogt K, Jenny GJ, Bauer GF. Comprehensibility, manageability and meaningfulness at work: Construct validity of a scale measuring work-related sense of coherence. *SA j ind psychol*. 2013 Jan 25;39(1).
18. Van der Westhuizen SC. Incremental validity of work-related sense of coherence in predicting work wellness. *SA j ind psychol*. 2018 Mar 22;44.
19. Vogt K, Hakanen JJ, Jenny GJ, Bauer GF. Sense of coherence and the motivational process of the job-demands-resources model. *Journal of Occupational Health Psychology*. 2016 Apr;21(2):194-207.
20. Gilbar O. Relationship Between Burnout and Sense of Coherence in Health Social Workers. *Soc Work Health Care*. 1998 Dec 17;26(3):39-49.
21. Levert T, Lucas M, Ortlepp K. Burnout in Psychiatric Nurses: Contributions of the Work Environment and a Sense of Coherence. *S Afr J Psychol*. 2000 Jun;30(2):36-43.
22. Van der Colff JJ, Rothmann S. Occupational stress, sense of coherence, coping, burnout and work engagement of registered nurses in South Africa. *SA j ind psychol*. 2009 Apr 9;35(1).
23. Parkes KR, Von Rabenau C. Work characteristics and well-being among psychiatric health care staff. *J Appl Soc Psychol*. 1993;3,243-259.
24. Simionato GK, Simpson S. Personal risk factors associated with burnout among psychotherapists: A systematic review of the literature. *J Clin Psychol*. 2018 Sep;74(9):1431-56.
25. Hooftman WE, Mars GMJ, Knops JCM, van Dam LMC, de Vroome EMM, Janssen BJM, et al. Nationale Enquête Arbeidsomstandigheden 2019 - methodologie en globale resultaten. Leiden, Heerlen: TNO, CBS; 2020. Retrieved on 2021 Apr 14. Retrieved from: <https://wp.monitorarbeid.tno.nl/wp-content/uploads/2020/09/NEA-2019-Methodologie-rapport.pdf>

26. Karasek R, Brisson C, Kawakami N, Houtman I, Bongers P, Amick B. The Job Content Questionnaire (JCQ): An instrument for internationally comparative assessments of psychosocial job characteristics. *Journal of Occupational Health Psychology*. 1998;3(4):322-55.
27. Hooftman WE, Mars GMJ, Janssen B, de Vroome EMM, Pleijers AJSF, Michiels JJM, et al. Nationale Enquête Arbeidsomstandigheden 2016 - methodologie en globale resultaten. Leiden, Heerlen: TNO, CBS; 2020. Retrieved on 2021 Apr 14. Retrieved from: <https://wp.monitorarbeid.tno.nl/wp-content/uploads/2020/09/NEA-2016-Methodisch-Rapport.pdf>
28. Twisk JWR. Inleiding in de Toegepaste Biostatistiek. Houten: Bohn Stafleu van Loghum; 2017;13.
29. Etikan I. Comparison of Convenience Sampling and Purposive Sampling. *AJTAS*. 2016;5(1):1.
30. Naderifar M, Goli H, Ghaljaie F. Snowball Sampling: A Purposeful Method of Sampling in Qualitative Research. *Strides Dev Med Educ*. 2017 Sep 30;14(3).
31. Schreiber JB, Nora A, Stage FK, Barlow EA, King J. Reporting structural equation modeling and confirmatory factor analysis results: A review. *J Educ Res*. 99(6), 323-338.
32. Schaufeli WB, van Dierendonck D. Utrechtse Burnout Schaal (UBOS). *De Psycholoog*, 2001 Jan; 36, 9–12.
33. Twisk JWR. Inleiding in de Toegepaste Biostatistiek. Houten: Bohn Stafleu van Loghum; 2017;229-273.
34. Twisk JWR. Inleiding in de Toegepaste Biostatistiek. Houten: Bohn Stafleu van Loghum; 2017;47.
35. Miles J, Shevlin M. Applying regression & correlation. A guide for students and researchers. London: Sage Publishers; 2001.
36. Langers F, de Boer TA. *Rol van zzp-ers in de groene zorg; Verkenning van de bijdrage van wandelcoaches en tuintherapeuten aan welbevinden en herstel van mensen met psychische klachten*. Wageningen, Alterra Wageningen UR (University & Research centre), Alterra-rapport 2490; 2013.
37. Tabachnick BG, Fidell LS. Using multivariate statistics . New York: HarperCollins; 1996 3rd ed.
38. Pijpker R, Vaandrager L, Veen EJ, Koelen MA. A Salutogenic Approach to Understanding the Potential of Green Programs for the Rehabilitation of Young Employees With Burnout: Protocol for a Mixed Method Study on Effectiveness and Effective Elements. *JMIR Res Protoc*. 2019 Oct 30;8(10):e15303.

39. Pet I, Rijken E. Bevindingen veldarena GGZ juni 2019. Enschede: Bureau HHM; 2019 Jun. Retrieved on 2021 Jun 9. Retrieved via: [Arbeidsmarktinformatie ggz 2019 - AZW info](#).
40. Bakker AB, Demerouti E. The job demands-resources model: State of the art. *J. Manag*, 2007;22(3), 309–328.

Reflectie

Ten eerste wil ik benoemen dat ik trots ben op mezelf dat ik deze stage heb afgerond, tijdens voor mij redelijk zware periode vanwege persoonlijke omstandigheden. Tegelijk hiermee merk ik dat het een mooi proces was waarin ik weer veel van mezelf heb geleerd, op het gebied van studie en school maar ook op persoonlijk vlak. Toen ik aan deze stage begon waren mijn persoonlijke leerdoelen om mijn statistische vaardigheden toe te passen en om zelfstandig een onderzoek te doen. Beide aspecten gingen voor mijn gevoel goed. Ik merkte dat ik eigenlijk heel goed met SPSS overweg kon en heb veel verschillende analyses uitgevoerd. Met behulp van Google en Youtube kon ik dit allemaal vrij zelfstandig doen.

Ik merkte tijdens de stage dan ook dat ik heel goed in staat ben om zelfstandig te werken. Ik zie dit dan ook als een positief punt. Wat voor mij (ook tijdens de rest van mijn studiejaren) een grote valkuil blijft is dat ik me vast kan bijten in alles wat ik doe, en doordat ik zo zelfstandig werk kan ik niet altijd goed meer zien wanneer genoeg, genoeg is. Dit zorgt ervoor dat ik de kern van waar ik mee bezig ben, soms uit het oog verlies. Ik merk dat ik het moeilijk vind om prioriteiten vast te stellen, en ook niet altijd even goed kan inschatten wat er precies van me wordt gevraagd. Anderzijds zorgt het feit dat ik me ergens in vastbijt er wel voor dat ik veel over een onderwerp weet, en het onderzoek daardoor ook in een bredere context kan plaatsvinden. Ook vind ik het leuk en interessant om dingen uit te zoeken.

Ook merkte ik tijdens de stage dat eigenlijk meer weet dan ik denk te weten. Dit kwam bijvoorbeeld terug bij het gemakkelijk kunnen gebruiken van SPSS. Maar hoe ik het vooral merkte was dat ik soms keuzes maakte omdat die werden aangemoedigd door mijn begeleider, Roald, terwijl ik daar zelf niet altijd helemaal achter stond. Zo hadden we een aantal discussies over keuzes met betrekking tot de uitkomstmaat en statistische analyses. Ik denk dat ik me gelijkwaardiger op mag stellen in deze discussies en de twijfels die ik heb over bepaalde keuzes serieuzer mag nemen.

Het feit dat deze stage online was vond ik jammer omdat ik daardoor minder de werkvloer meegemaakt heb. Het had me namelijk wel meer een inkijk in het werken in de academische wereld kunnen geven. Ik heb wel een aantal online seminars, strategische overleggen en een teamuitje bijgewoond, waardoor ik wel iets meer een idee kreeg. Maar toch leek het door deze online manier veel op een 'reguliere' studie opdracht. Het had me leuk geleken om een gevoel te hebben even onderdeel te zijn van zo'n werkplek, en collega's te hebben waar je mee kunt overleggen.

Al met al vond ik het leuk om dit onderzoek uit te voeren en kennisgemaakt te hebben met werken in het onderzoek. Ik denk dat hierin werken bij me past. Maar nu eerst deze scriptie inleveren en vakantie vieren 😊.

Appendix

Werkbeleving van buitenthérapeuten

Start of Block: Introductie en informed consent

Q2

Beste deelnemer,

Bedankt voor uw interesse en deelname aan dit onderzoek naar de werkbeleving van buitenthérapeuten. Onderzoek naar buitenthérapeieën staat nog in de kinderschoenen en focust vaak op cliënten. Ik ben benieuwd hoe buitenthérapeuten zelf hun werk ervaren. Hierover schrijf ik mijn afstudeerscriptie om mijn bachelor Gezondheid en Leven aan de Vrije Universiteit van Amsterdam af te ronden. Mijn onderzoek doe ik bij de leerstoelgroep Gezondheid en Maatschappij van Wageningen University & Research, onder begeleiding van PhD kandidaat Roald Pijpker (<https://www.wur.nl/nl/Personen/Roald-RM-Roald-Pijpker-MSc.htm>). Voor het onderzoek vraag ik buitenthérapeuten (wandelcoaches, buitenpsychologen, tuintherapeuten, etc.) om eenmaal een vragenlijst in te vullen over hun werkervaring. De link voor het invullen zal van 20 april 2021 tot 9 mei 2021 online staan. Het invullen van de vragenlijst zal ongeveer 10 minuten in beslag nemen. Voor deelname aan de studie is uw geïnformeerde toestemming nodig. Deelname is vrijwillig. U heeft het recht uw deelname op elk moment zonder opgaaf van redenen te beëindigen. De gegevens zijn niet herleidbaar tot een persoon.

Als u nog vragen heeft of meer informatie wilt verkrijgen, kunt u contact met mij opnemen via: tosca.dekker@wur.nl.

Met vriendelijke groet,

Tosca Dekker

Toestemming voor deelname

Ik heb de informatie gelezen en weet dat ik vragen kan stellen via tosca.dekker@wur.nl. Bovendien heb ik voldoende tijd gehad om te beslissen of ik al dan niet deelneem. Ik ben me ervan bewust dat deelname vrijwillig is en dat ik op elk moment zonder opgaaf van reden kan stoppen. Tenslotte ben ik geïnformeerd dat mijn gegevens anoniem gebruikt zullen worden.

- Ja, ik heb bovenstaande informatie gelezen en **geef toestemming** om mee te doen. (1)
- Ja, ik heb bovenstaande informatie gelezen en **geef geen toestemming** om mee te doen. (2)

Skip To: End of Survey If Beste deelnemer, Bedankt voor uw interesse en deelname aan dit onderzoek naar de werkbeleving... = Ja, ik heb bovenstaande informatie gelezen en geef geen toestemming om mee te doen.

End of Block: Introductie en informed consent

Start of Block: Demografische karakteristieken en beschrijving van huidige werksituatie

Q1 De volgende vragen gaan over uw persoonlijke kenmerken en een beschrijving van uw huidige werksituatie.

Q3 Wat is uw geboortjaar?

Q4 Wat is uw geslacht?

- vrouw (1)
 - man (2)
 - non-binair (3)
 - wil ik niet vermelden (4)
-

Q5 Wat is uw hoogst afgemaakte opleidingsniveau?

- middelbare school (1)
 - MBO (2)
 - HBO (3)
 - WO (4)
 - geen opleiding gevolgd (5)
-

Q6 Wat is uw functietitel?

Probeer in de omschrijving zo specifiek mogelijk te zijn, bijvoorbeeld door een specialisme of niveau op te geven.

GZ- of basispsycholoog (1) _____

anders, namelijk (2) _____

Q30 Wat is uw functietitel als buitetherapeut?

Q7 Hoeveel jaar bent u reeds werkzaam binnen dit beroep (zonder en met gebruik van natuur in uw sessies)?

Q8 Hoeveel jaar gebruikt u natuur al in uw sessies?

Q9 Heeft u voor het gebruik van natuur in uw sessies enige scholing gehad?

nee (1)

ja, via (2) _____

Q10 In welke provincie bent u werkzaam?

- Flevoland (1)
 - Friesland (2)
 - Gelderland (3)
 - Groningen (4)
 - Limburg (5)
 - Noord-Brabant (6)
 - Noord-Holland (7)
 - Overijssel (8)
 - Utrecht (9)
 - Zeeland (10)
 - Zuid-Holland (11)
-

Q11 In wat voor gebied is uw praktijk/werkplek gevestigd?

- stedelijk (1)
 - voorstedelijk (2)
 - platteland (3)
-

Q12 Bent u naast uw werk als buitenthérapeut ook nog elders werkzaam?

- fulltime buiten: 36< uur per week (1)
 - parttime buiten: (2)
 - fulltime binnen: 36< uur per week (3)
 - parttime binnen: (4)
 - fulltime een combinatie van buiten en binnen: 36< uur per week (5)
 - parttime een combinatie van buiten en binnen: (6)
-

Q27 Hoeveel uur per week bent u werkzaam?

Het gaat hier om al uw werkzaamheden.

- 0 - 8 uur (1)
 - 9 - 16 uur (2)
 - 17 - 24 uur (3)
 - 25 - 32 uur (4)
 - 33 - 40 uur (5)
 - 41 uur en meer (6)
-

Q28 Hoeveel uur per week bent u werkzaam als buitetherapeut?

- 0 - 8 uur (1)
 - 9 - 16 uur (2)
 - 17 - 24 uur (3)
 - 25 - 32 uur (4)
 - 33 - 40 uur (5)
 - 41 uur en meer (6)
-

Q13 Wat is uw werksituatie?

- ik werk alleen als ZZP'er (1)
 - ik werk zowel als ZZP'er als voor een werkgever (2)
 - ik werk alleen voor een werkgever (3)
 - anders, namelijk (4) _____
-

Q14 Hoeveel cliënten ziet u in een gemiddelde week (zowel binnen als buiten)?

- 1-10 (1)
 - 11-20 (2)
 - 21-30 (3)
 - 31-40 (4)
 - 41 en meer (5)
-

Q15 Hoeveel cliënten neemt u mee naar buiten in een gemiddelde week?

- 1-10 (1)
- 11-20 (2)
- 21-30 (3)
- 31-40 (4)
- 41 en meer (5)

End of Block: Demografische karakteristieken en beschrijving van huidige werksituatie

Start of Block: Werkbeleving

Q17 De volgende uitspraken hebben betrekking op hoe u uw werk beleeft en hoe u zich daarbij voelt. Wilt u aangeven hoe vaak iedere uitspraak op u van toepassing is.

Ik wil u vragen de volgende sectie in te vullen vanuit uw werk als buitenthérapeut. Wanneer u ook elders werkzaam bent, probeer de vragen dan alleen voor uw werk als buitenthérapeut in te vullen.

	nooit (1)	zelden (2)	soms (3)	vaak (4)	altijd (5)
Op het werk voel ik me geestelijk uitgeput (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ik raak maar niet uitgerust nadat ik gewerkt heb (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Op het werk voel ik me lichamelijk uitgeput (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ik kan geen belangstelling en enthousiasme opbrengen voor mijn werk (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Op mijn werk denk ik niet veel na en functioneer ik op de automatische piloot (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ik ben cynisch over wat mijn werk voor anderen betekent (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Op het werk kan ik er mijn aandacht moeilijk bijhouden (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Als ik aan het werk ben, kan ik me moeilijk concentreren (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Ik maak fouten
in mijn werk
omdat ik er
met mijn
hoofd 'niet
goed bij ben'
(9)

Op mijn werk
heb ik het
gevoel geen
controle te
hebben over
mijn emoties
(10)

Ik herken
mezelf niet in
de wijze
waarop ik
emotioneel
reageer op
mijn werk (11)

Op mijn werk
kan ik
onbedoeld te
sterk reageren
(12)

End of Block: Werkbeleving

Start of Block: Job demands

Q18 De volgende vragen gaan over uw werkomstandigheden.

Ik wil u vragen de volgende sectie in te vullen vanuit uw werk als buitenthérapeut. Wanneer u ook elders werkzaam bent, probeer de vragen dan alleen voor uw werk als buitenthérapeut in te vullen.

Q19

	ja, regelmatig (1)	ja, soms (2)	nee (3)
Kunt u zelf beslissen hoe u uw werk uitvoert? (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bepaalt u zelf de volgorde van de werkzaamheden die u uitvoert? (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Kunt u zelf uw werktempo regelen? (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Moet u in uw werk zelf oplossingen bedenken om bepaalde dingen te doen? (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Kunt u verlof opnemen wanneer u dat wilt? (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Kunt u zelf bepalen op welke tijden u werkt? (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q20

	nooit (1)	soms (2)	vaak (3)	altijd (4)
Moet u erg snel werken? (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Moet u heel veel werk doen? (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Moet u extra hard werken? (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q21

	nooit (1)	soms (2)	vaak (3)	altijd (4)
Brengt uw werk u in emotioneel moeilijke situaties? (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Is uw werk emotioneel veeleisend? (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vergt uw werk veel aandacht van u? (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q22

	nooit (1)	soms (2)	vaak (3)	altijd (4)
Vereist uw werk intensief nadenken? (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vergt uw werk dat u uw gedachten erbij houdt? (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vergt uw werk veel aandacht van u? (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q29

	nooit (1)	soms (2)	vaak (3)	altijd (4)
Is uw werk gevarieerd? (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vereist uw baan dat u nieuwe dingen leert? (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vereist uw baan creativiteit? (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

End of Block: Job demands

Start of Block: work-SoC

Q24 Wat vindt u persoonlijk van uw huidige baan en werksituatie in het algemeen?

Ik wil u vragen de volgende sectie in te vullen vanuit uw werk als buitenthérapeut. Wanneer u ook elders werkzaam bent, probeer de vragen dan alleen voor uw werk als buitenthérapeut in te vullen.

	1 (1)	2 (2)	3 (3)	4 (4)	5 (5)	6 (6)	7 (7)	
beheersbaar	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	onbeheersbaar
betekenisloos	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	betekenisvol
gestructureerd	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	chaotisch
beïnvloedbaar	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	niet beïnvloedbaar
onbelangrijk	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	belangrijk
duidelijk	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	onduidelijk
controleerbaar	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	oncontroleerbaar
niet belonend	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	belonend
voorspelbaar	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	onvoorspelbaar

End of Block: work-SoC

Start of Block: Block 5

Q25 Dit is het einde van de vragenlijst. Hartelijk dank voor uw medewerking. Indien u nog opmerkingen heeft over de vragenlijst, kunt u die hier invullen. Tevens kunt u uw emailadres hier achterlaten als u wenst dat ik het onderzoek u mail wanneer het afgerond is.

End of Block: Block 5

